AMENDME	ENT OF SOLICITATION/MODIFIC	ATION OF C	ONTRACT		CONTRACT ID CODE	PAG	E OF PAGES				
2. AMENDME	NT/MODIFICATION NO.	3. EFFECTIVE	DATE	4. R	EQUISITION/PURCHASE REQ. NO.	5. PROJEC	T NO. (If applicable)				
0029		See Bloo	ck 16C	Se	e Schedule						
6. ISSUED BY	CODE	03001		7. /	ADMINISTERED BY (If other than Item 6)	CODE 0	0601				
EMCBC U.S. Department of Energy EM Consolidated Business Center 250 E. 5th Street, Suite 500 Cincinnati OH 45202					Richland Operations Office U.S. Department of Energy Richland Operations Office P.O. Box 550, MSIN A7-80 Richland WA 99352						
8. NAME AND	ADDRESS OF CONTRACTOR (No., street	, county, State and	ZIP Code)	(x)	9A. AMENDMENT OF SOLICITATION NO.						
HPM CORI	PORATION										
Attn: LA	AURA MILLS			İ	9B. DATED <i>(SEE ITEM 11)</i>						
4304 W.	24TH AVE.										
SUITE 10				Х	10A. MODIFICATION OF CONTRACT/ORDER N	0.					
KENNEWI(	CK WA 993382320			21	DE-EM0002043						
				-	10B. DATED (SEE ITEM 13)						
CODE 0.1		FACILITY COL	DE .		06/08/2012						
	.2911092			MEN	DMENTS OF SOLICITATIONS						
	numbered solicitation is amended as set for						not extended.				
THE PLACE virtue of this reference to	E DESIGNATED FOR THE RECEIPT OF (s amendment you desire to change an offer the solicitation and this amendment, and TING AND APPROPRIATION DATA (If req	OFFERS PRIOR or already submit is received prior	TO THE HOUR AND DAted , such change may be to the opening hour and c	TE S e ma date	•	UR OFFER	If by s				
		ODIFICATION O	F CONTRACTS/ORDERS	S. IT	MODIFIES THE CONTRACT/ORDER NO. AS DE	SCRIBED IN	ITEM 14.				
CHECK ONE	B. THE ABOVE NUMBERED CONTRAG appropriation date, etc.) SET FORTH	CT/ORDER IS M I IN ITEM 14, PU	ODIFIED TO REFLECT T JRSUANT TO THE AUTH	THE A	NGES SET FORTH IN ITEM 14 ARE MADE IN TI ADMINISTRATIVE CHANGES (such as changes in TY OF FAR 43.103(b).						
	C. THIS SUPPLEMENTAL AGREEMEN										
X	n		B.20 - Limita	atı	on of Government's Oblig	ation					
	D. OTHER (Specify type of modification	and authority)									
E. IMPORTAN	T: Contractor X is not.	☐ is required t	o sign this document and	d retu	rn Copies to the issuing	g office.					
Tax ID I DUNS Nur	Number: 91-2131802	,			g solicitation/contract subject matter where feasib	le.)					
of Gove: obligate \$35,735	rnment's Obligation," ed to the contract, i	increme ncreasin Site uti	ntal funding g the total c lization of F	in obl FY1	gation of Funds," and B. the amount of \$1,746,63 igation from \$33,989,011 4 HPMC services (STRIPES	8.00 is	for				
2. This		eobligat	es \$675,000.0	000	(REQ No. 14EM003174) fr	om Cont	tract CLIN				
Except as pro	vided herein, all terms and conditions of the	ne document refe	renced in Item 9 A or 10A	A, as	heretofore changed, remains unchanged and in f	ull force and	effect.				
	ND TITLE OF SIGNER (Type or print)			_	A. NAME AND TITLE OF CONTRACTING OFFIC						
				J	ohn J. Wiltshire						
15B. CONTRA	ACTOR/OFFEROR		15C. DATE SIGNED	16	B. UNITED STATES OF AMERICA		16C. DATE SIGNED				
					Signature on File						
	(Signature of person authorized to sign)			-	(Signature of Contracting Officer)		09/24/2014				

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NAME OF OFFEROR OR CONTRACTOR HPM CORPORATION

I NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
7)	(B)	(C)	(D)	(E)	(F)
	0003, decreasing the ceiling from \$10,957,037.00				
	to \$10,282,037.00. This deobligated funding is		1 1		
	reobligated to Fixed Price under Contract CLIN		1 1		
	0005, OCCMED Hanford- Base (Years 3) Fixed Price,		1 1		
	for FY'15 startup, along with and additional				
	\$942,646.60 of incremental funding for a total				
	incremental funding increase of \$1,617,646.60				
	from \$28,000.00 to \$1,645,646.60.				
	3. This modification obligates \$803,991.40 of				
	_				
	incremental funding to Contract CLIN 0006, for				
	FY'15 startup, increasing the incremental funded				
	amount from \$0 to \$803,991.40.				
	4. The Total Amount of contract is decreased by				
	\$675,000.00 from \$101,377,356.34 to				
	\$100,702,356.34.				
	5. Replacement Page B-11 is attached as Page 10				
	of this modification.				
			i i		
	6. All other terms and conditions remain				
	unchanged.				
	7 7 1 CW 1'C' 1' W 000				
	7. End of Modification No. 029				
	LIST OF CHANGES:				
	Reason for Modification : Funding Only Action				
	Total Amount for this Modification: -\$675,000.00				
	New Total Amount for this Award: \$100,702,356.34				
	Obligated Amount for this Modification:				
	\$1,746,638.00		1 1		
	New Total Obligated Amount for this Award:				
	\$35,735,649.34	İ	Ιİ		
	Incremental Funded Amount changed: from				
	\$33,890,827.01 to \$35,637,465.01				
	CHANGES FOR LINE ITEM NUMBER: 3				
	Total Amount changed from \$10,957,037.00 to				
	\$10,282,037.00				
	Obligated Amount for this modification:		Ιİ		
	-\$675 <b>,</b> 000.00		1 1		
	Incremental Funded Amount changed from				
	\$10,957,037.00 to \$10,282,037.00				
	YIO, JJ1, UJ1.UU CO				
	CHANGES FOR DELIVERY LOCATION: 00601				
	Amount changed from \$10,957,037.00 to				
	\$10,282,037.00				
	Continued				
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 REFERENCE NO. OF DOCUMENT BEING CONTINUED DE -EM0002043/0029
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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

TEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	NEW ACCOUNTING CODE ADDED:				
	Fund 00000				
	Appr Year 0000				
	Allottee 00				
	Reporting Entity 000000				
	Object Class 00000				
	Program 0000000				
	Project 0000000				
	WFO 0000000				
	Local Use 0000000				
	Amount: -\$675,000.00				
	CHANCES FOR TIME THEM NUMBER. F				
	CHANGES FOR LINE ITEM NUMBER: 5				
	Obligated Amount for this modification:				
	\$1,617,646.60				
	Incremental Funded Amount changed from \$28,000.00 to \$1,645,646.60.				
	10 \$1,043,040.00.				
	NEW ACCOUNTING CODE ADDED:				
	Fund 00000				
	Appr Year 0000				
	Allottee 00				
	Reporting Entity 000000				
	Object Class 00000				
	Program 0000000				
	Project 0000000				
	WFO 0000000				
	Local Use 0000000				
	Amount: \$675,000.00				
	NEW ACCOUNTING CODE ADDED.				
	NEW ACCOUNTING CODE ADDED:				
	Fund 00000				
	Appr Year 0000				
	Allottee 00				
	Reporting Entity 000000				
	Object Class 00000				
	Program 0000000				
	Project 0000000 WFO 0000000				
	Local Use 0000000				
	Amount: \$942,646.60				
	CHANGES FOR LINE ITEM NUMBER: 6				
	Obligated Amount for this modification:				
	\$803,991.40				
	Incremental Funded Amount changed from \$0.00 to				
	\$803,991.40				
	NEW ACCOUNTING CODE ADDED:				
	Continued				
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NAME OF OFFEROR OR CONTRACTOR HPM CORPORATION

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	1 1	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	Fund 00000				
	Appr Year 0000				
	Allottee 00				
	Reporting Entity 000000				
	Object Class 00000				
	Program 0000000				
	Project 0000000				
	WFO 0000000				
	Local Use 0000000				
	Amount: \$400,000.00				
	NEW ACCOUNTING CODE ADDED:				
	Fund 00000				
	Appr Year 0000				
	Allottee 00				
	Reporting Entity 000000				
	Object Class 00000				
	Program 0000000				
	Project 0000000				
	WFO 0000000				
	Local Use 0000000				
	Amount: \$403,991.40				
	Innounce. 9 100/351.10				
	Delivery Location Code: 00601				
	Richland Operations Office				
	U.S. Department of Energy				
	Richland Operations Office				
	P.O. Box 550, MSIN A7-80				
	Richland WA 99352 US				
	Payment:				
	OR for Richland				
	U.S. Department of Energy				
	Oak Ridge Financial Service Center				
	P.O. Box 4307				
	Oak Ridge TN 37831				
	FOB: Destination				
	Period of Performance: 10/01/2012 to 09/30/2018				
	101104 01 101101mande. 10/01/2012 00 03/30/2010				
	Change Item 00003 to read as follows(amount shown				
	is the total amount):				
0003	OCCMED Hanford - Base (Years 1-2) Cost				10,282,037
	Reimbursement				
	Line item value is:\$10,282,037.00				
	Incrementally Funded Amount: \$10,282,037.00				
	Requisition No: 13EM000144, 13EM000215,				
	13EM000461, 13EM001257, 13EM001562, 13EM001916,				
	13EM002388, 13EM002391, 13EM003125, 14EM000056,				
	14EM000160, 14EM000979, 14EM001176, 14EM001495,				
	Continued				
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NAME OF OFFEROR OR CONTRACTOR
HPM\_CORPORATION

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	14EM001643, 14EM001855, 14EM001999, 14EM003174	1			
	Accounting Info:		i i		
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report		i i		
	Entity: 000000 Object Class: 00000 Program:		i i		
	0000000 Project: 0000000 WFO: 0000000 Local Use:		i i		
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	RL-41 Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	RLPD Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	ORP-PD Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	RL-13 Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	RL-13 Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:		i i		
	ORP-14 Fund: 00000 Appr Year: 0000 Allottee: 00		i i		
	Report Entity: 000000 Object Class: 00000		i i		
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	RL-20 Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
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NAME OF OFFEROR OR CONTRACTOR

HPM CORPORATION

EM NO.	SUPPLIES/SERVICES	QUANTITY		UNIT PRICE	AMOUNT
A)	(B)	(C)	(D)	(E)	(F)
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	EEOICPA Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	RL-40 Fund: 00000 Appr Year: 0000 Allottee: 00				
	Report Entity: 000000 Object Class: 00000				
	Program: 0000000 Project: 0000000 WFO: 0000000				
	Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	· · · · · · · · · · · · · · · · · · ·				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
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NAME OF OFFEROR OR CONTRACTOR HPM CORPORATION

NO.	SUPPLIES/SERVICES	QUANTITY	l I	UNIT PRICE	AMOUNT
)	(B)	(C)	(D)	(E)	(F)
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	HPMC Cost Reimbursable Fund: 00000 Appr Year:				
	0000 Allottee: 00 Report Entity: 000000 Object				
	Class: 00000 Program: 0000000 Project: 0000000				
	WFO: 0000000 Local Use: 0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
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NAME OF OFFEROR OR CONTRACTOR
HPM\_CORPORATION

ITEM NO.	SUPPLIES/SERVICES	QUANTIT	Y UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: -\$675,000.00				
	Change Item 00005 to read as follows(amount shown				
	is the total amount):				
0005	OCCMED Hanford - Option Period 1 (Year Three) FPAF				11,903,903
	Line item value is:\$11,903,903.00				
	Incrementally Funded Amount: \$1,645,646.60				
	Requisition No: 14EM002557, 14EM003097, 14EM003174				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 000000 WFO: 0000000 Local Use:				
	0000000 Project: 0000000 WFO: 0000000 Local ose:				
	Funded: \$0.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$675,000.00				
	Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report				
	Entity: 000000 Object Class: 00000 Program:				
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NAME OF OFFEROR OR CONTRACTOR
HPM CORPORATION

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
(A)	(B)	(C)	(D)	(E)	(F)
	0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000				
	Funded: \$942,646.60				
	Change Item 00006 to read as follows(amount shown is the total amount):				
00006	OCCMED Hanford - Option Period 1 (Year Three) Cost Reimbursement				4,266,000.0
	Line item value is:\$4,266,000.00 Incrementally Funded Amount: \$803,991.40 Requisition No: 14EM003020, 14EM003097				
	Accounting Info: Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use:				
	Funded: \$0.00				
	Accounting Info: Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use:				
	0000000 Funded: \$400,000.00 Accounting Info:				
	Fund: 00000 Appr Year: 0000 Allottee: 00 Report Entity: 000000 Object Class: 00000 Program: 0000000 Project: 0000000 WFO: 0000000 Local Use: 0000000				
	Funded: \$403,991.40				